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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL Bachmann for Congres]	
ADDRESS (number and street) PO Box 2					-	
CITY, STATE, and ZIP CODE		MAL				
Woodbury 2. NAME OF CANDIDATE	MN	55125-0950		4 FEO IDENTIFICATION	LNUMBER	
Michele Bachmann		House	3. OFFICE SOUGHT (State and District) House MN 06		4. FEC IDENTIFICATION NUMBER C00410118	
5. ISTHIS AN AMENDMENT? NO, T	HIS IS A NEW FILING	YES, IT AMEN	NDS THE NOTICE	FILED ON	//	·
A. FULL NAME, MAILING ADDRESS AND ZIP C	Name of Emple	Name of Employer			Amount	
Patrick Oakes	Health Partne	Health Partners				
540 17th Street N					10/26/2012	1000
		Transaction	Transaction ID : 691398000			
Saint Cloud	MN 56303-141	16	Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP C	ODE	Name of Emple			Date (month,	Amount
Alice Sanneman	362	Lisn,Inc	oyei		day, year)	
Alloc Gamerian		Listi,iiio			10/26/2012	1000
4080 Arrowwood Court						
			ID : 69139700	0		
Bonita Springs	FL 34134-075	Occupation Retired				
C. FULL NAME, MAILING ADDRESS AND ZIP C	ODE	Name of Empl	oyer		Date (month,	Amount
					day, year)	
		Occupation	Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CO	Name of Emple	oyer		Date (month,	Amount	
					day, year)	
		Occupation				
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Emplo	Name of Employer			Amount
					day, year)	
		Occupation				
SIGNATURE (optional)			DATE		Eastimates:	oformation contact:
Daniel Puhl		m	10/27	/2012	Federal Ele	nformation contact: ection Commission
		[Electronically	r uea j			/, Washington, DC 20463 9530, Local 202-694-1100



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